

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90177 035 ***150.00

A0067165

DO NOT WRITE IN THIS SPACE

DOCUMENT # 000000110488

1. Entity Name

Toddler Kingdom Child Care Inc.

Principal Place of Business

Mailing Address

1849 Canova St
 Palm Bay Fl. 32909

1849 Canova St
 Palm Bay Fl. 32909

2. Principal Place of Business

3. Mailing Address

1849 Canova St

1849 Canova St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Bay, Fl

4. FEI Number

59-3686798

Applied For

Not Applicable

Zip

Country

Zip

Country

32909

Brevard

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Sandra K. Scholz
 1988 Elderberry Ct.
 Palm Bay, Fl. 32905

Name

Sandra K. Scholz

Street Address (P.O. Box Number is Not Acceptable)

950 Citrus Ave.

City

Palm Bay

FL

Zip Code

32905

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Sandra K. Scholz

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete
 Sandra K Scholz
 STREET ADDRESS 1978 Elderberry Ct.
 CITY-ST-ZIP Palm Bay, Fl. 32905

TITLE NAME ☒ Change ☐ Addition
 Sandra K. Scholz
 STREET ADDRESS 950 Citrus Ave
 CITY-ST-ZIP Palm Bay, Fl. 32905

TITLE NAME ☐ Delete
 Christopher M. Webre
 STREET ADDRESS 114 Plover Lane
 CITY-ST-ZIP Rockledge, Fl 32955

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete

TITLE NAME ☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra K. Scholz

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/01

CR2E034 (11/00)